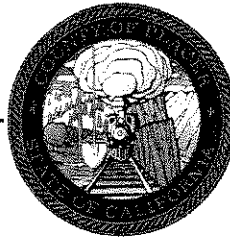


COUNTY OF PLACER  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAY 13 2008

Richard J. Burton, M.D., M.P.H.  
Health Officer / Director HHS



Bob Dunstan  
Director of Human Services

May 8, 2008

Ramon S. Lopez, Chief  
Civil Rights Bureau  
Human Rights and Community Services Division  
744 P Street  
Sacramento, CA 95814

Dear Mr. Lopez:

I am responding to the compliance review conducted in Placer County. Corrective action plan and action taken follows in this document below.

Compliance Review Response

Compliance review conducted 1/15/08 thru 1/17/08

**Dissemination of Information:**

- Audio and Braille copies of the PUB13 in Spanish, English, and Russian have been placed at our Cirby Hills office.
- English, Spanish and Russian PUB13's are now placed in the lobby of Cirby Hills.
- Labels including the name, address and phone number of Civil Rights coordinator were placed on the poster in the Cirby Hills lobby.
- We are currently working on updating signage to include Russian translation in the Cirby office. Signs created by HHS have been translated, and we are waiting for translations from our Facilities Services Department.

**Facility Accessibility for Individuals with disabilities:**

All facilities issues were referred to our Facilities Services Department and in turn to our landlords if not a county owned building. Below are the responses and corrective actions being taken by our landlords and the county:

Cirby Hills-

- A service request has been made to install signage at the Cirby Hills office and the landlord is lowering the pay phone.

Civil Rights Coordinator is following up with Facilities to determine if the phone will be equipped with volume control and be hearing aid compatible.

Roseville District Office-

- Facilities Services has advised us that we cannot require the landlord to install additional disabled parking when they have met minimum requirements. They state per CalDAG regulations, if there are 76 to 100 parking stalls in the parking lot, the minimum required accessible parking spaces is 4. It does not dictate the placement of those spaces. Under CBC 1129B4.3 Arrangement of Parking space it states, "the space shall be so located that persons with disabilities are not compelled to wheel or walk behind parked cars other than their own." They are addressing the ramp at the loading/unloading aisles located at the van accessible space.
- Landlord will update all handicap parking signs with the correct signage at the proper height.
- Landlord will place signage with the "international symbol of accessibility", at both entrances to the lobby and make sure the force to open the doors is 5 lbs.
- Landlord will lower the drinking fountain in the main lobby by 2 inches, if possible. She has a plumber coming to look at the fountain. If this is not possible the fountain may be removed.
- Landlord says signage will be added adjacent to the doors of each bathroom in the lobby.
- Landlord says the toilet in the lobby women's restroom will be replaced. Also pipes will be wrapped under the sink with insulation.
- Landlord says she does not own the pay phone. She has left a message for the company that does own it, to contact her ASAP regarding changes that need to be made.
- Landlord states she had her contractor measure the counter in the lobby reception area, and it was 29.5 inches, which is within the ADA requirement.

Civil Rights Coordinator will follow up with Facilities contact to ensure all corrective actions taken.

Auburn District Office-

Service requests have been submitted to make the following corrective measures

Parking lot.

- Raise accessible signs up to 80" from bottom of sign.
- Paint the words "No Parking" in all access aisles for loading/unloading
- Repaint accessible parking spaces

Main or Alternate Entrance

- Add a new directional sign at the front entrance, directing public needing accessibility to the accessible entrance.

Drinking Fountain

- Removal of public drinking fountain

#### Restroom Signage

Lower signage on door and wall, so the centerline of the sign from the floor is at 60".

Civil Rights Coordinator will follow up with Facilities contact to ensure all corrective actions taken.

#### Children's System of Care-

Our Facilities Department has informed us they have given the landlord at this office a drawing for adding an accessible parking space. They are also working on the installation of signage, and on reconfiguring one of the counters to make it accessible. If the counters cannot be reconfigured to meet standards, a new policy will be created. The new policy will include front reception staff going out into the lobby to assist clients who use wheelchairs. In addition a table will be placed in the lobby for access to complete any necessary forms. The front doors of this facility cannot be adjusted to meet ADA standards and still close. Framing and glass people have conducted numerous inspections and the conclusion is that the entrance would have to be completely rebuilt. Reception staff has been advised to assist clients who have difficulty opening the doors. If a client is identified as not being able to access the office, arrangements will be made to meet with the clients at an alternate location including their home. All of the same services will be available to clients at the alternate location.

Civil Rights Coordinator will follow up with Facilities contact to ensure all corrective actions are taken. In addition to the issues above I will check on status of soap dispensers, toilet seat covers, mirror, and paper towel height

#### **Provision for services to applicants and recipients who are non-English speaking or who have disabilities:**

Children's System of Care corrective action plan is as follows-

#### ***USE OF CERTIFIED BI-LINGUAL STAFF***

In the recent Civil Rights Compliance Review of Placer County Health and Human Services, it was noted that the Children's System of Care (CSOC) has a Spanish speaking social worker who is not certified and is used as a "bilingual social worker." A corrective action plan is requested.

Corrective Action Plan - Division 21 defines a "Qualified Bilingual Staff" as "...an employee who, in addition to possessing the necessary qualifications for the particular classification, is certified through a process approved or administered by CDSS to be proficient in oral and/or written communication in the non-English language of the persons to be served." A "Qualified interpreter" is "...an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary."

Although Division 21 does state that Qualified Bilingual Staff have to be employed in key public contact positions, it does not contain a regulation that prohibits the use of a non-certified bilingual employee social worker for interpreter services. Documentation requirements in Division 21 state that documentation must indicate the method used to provide bilingual services, which may include an assigned worker who is bilingual or other bilingual employees used to provide interpreter services. Again, this documentation section does not state that the assigned bilingual worker must be a "Qualified Bilingual Staff."

CSOC will continue to provide bilingual services by a Qualified Bilingual Staff to the extent possible. The demand for high quality of care by families with a preferred language other than English sometimes necessitates the continued use of non-certified, bilingual employees to provide social worker services in a non-English language. When this occurs, applicants/recipients will be notified that the employee is not certified in the applicant's/recipient's preferred language and the applicant's/recipient's signature will be requested on a form specifically tailored for this situation (attachment 1) that indicates their approval of receipt of emergency interpreter services by the non-certified employee. The applicants/recipients will also be notified of their right to request services by either a qualified bilingual staff or qualified interpreter at any time. Ongoing services should be provided by a Qualified Bilingual Staff (worker who is certified in the language) or by a qualified independent interpreter.

Steps will be taken to mentor all non-certified bilingual workers in an effort to assist them in successfully completing the certification process.

### ***DOCUMENTATION OF PROVISION OF BILINGUAL SERVICES***

Review of case records for CSOC indicated that documentation of the method of providing interpretation services at each contact is inconsistent and that the applicant's/recipient's use of their own interpreter, the problems with using their own interpreter and a release of information for interpreters other than CSOC employees is not documented in the case record.

Corrective Action Plan - A copy of All County Letter number 06-20, dated 30 June 2006, stating the documentation requirements of the Manual of Policies and Procedures, Section 21 will be distributed to all staff with instructions to managers and supervisors to discuss those requirements with their teams.

The documentation requirements will include;

1. The method used to provide interpretation services for each contact.
2. Consent for release of information when individuals other than CSOC employees are used as interpreters.
3. Notation that the applicants/recipients requested their own interpreter (as needed).
4. When appropriate, that the applicants/recipients were informed of the potential problems for ineffective communication when a qualified interpreter is not used.

If a non-certified employee is used to provide interpreter services, the case record will indicate that the applicants/recipients were notified that the employee is not certified in the applicant's/recipient's preferred language, that the applicants/recipients approve of the use of the non-certified employee to provide interpretation services and that the

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applicants/recipients have the right to request interpretation services be provided by a qualified bilingual staff or a qualified interpreter at any time. Ongoing services should be provided by a Qualified Bilingual Staff (worker who is certified in the language) or by a qualified independent interpreter.

***IHSS specific response:***

IHSS clarified that the IHSS computer system, CMIPS, is incapable of printing notices in languages other than English and Spanish. Even so, IHSS understands we are obligated to provide forms and notices made available by the state in the client's primary language. IHSS will utilize the new interpreter and language preference forms to identify what language clients prefer to receive their forms.

**Documentation of Applicant/Recipient case records:**

Two mandatory forms have been developed for use by all divisions within Health and Human Services. The first form is the "Language Preference and Auxiliary Aid Identification", and the second is the "Notice of Understanding Use of a Self-Provided Interpreter" (Attachments 2 and 3).

A reminder has been issued to all Civil Rights liaisons to share with staff and their management teams. The reminder is attached (#4) and includes the clarifications received from the Civil Rights Bureau regarding our documentation requirements, above form use, and necessity to obtain a release of information from client when individuals other than CWD are used.

The case review forms for CalWORKS, Food Stamps (Attachment 5), and Welfare to Work (Attachment 6) have been revised to include review for documentation of interpreter use. Medi-Cal case review forms are in the process of being revised to include the documentation requirements.

Please contact me for any clarifications of information provided above. Thank you for the opportunity to work with Susan Wright. As in the past, the compliance review process was very informative and afforded us with the opportunity to improve our processes.

Sincerely,

*Jane Christensen*

Jane Christensen  
Civil Rights Coordinator  
Placer County Health and Human Services

C: Bob Dunstan, Director Human Services



DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

JANE CHRISTENSEN  
CLIENT SERVICES PROGRAM MANAGER

PHONE: (916) 784-6056  
1 (800) 889-7610 x 6056  
FAX: (916) 784-6033  
E-MAIL: jchriste@placer.ca.gov

100 STONEHOUSE CT  
ROSEVILLE, CA 95678

## CSOC LANGUAGE PREFERENCE AND AUXILIARY AID IDENTIFICATION

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### Language Service Rights

You have the right to free interpreter services in order to speak to County staff about your application, benefits, available services or other requirements. Please tell us what language you prefer to speak.

\_\_\_\_\_ I speak: \_\_\_\_\_ and need free Interpreter Services.

\_\_\_\_\_ I speak: \_\_\_\_\_ and am willing to accept the services of a Non-certified bilingual County worker but may request free interpreter services from a certified interpreter at any time.

\_\_\_\_\_ I prefer to speak English:

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

### Written Language Needs

You have the right to receive forms and notices in your native language if they have been translated into the language by the California Department of Social Services (CDSS). Otherwise, the County will interpret forms/notices (tell you what they say). Please tell us what language you prefer for forms and notices:

\_\_\_\_\_ I prefer to receive forms, notices, and other available documents translated into: \_\_\_\_\_

\_\_\_\_\_ I prefer to receive forms and notices in English and do not need translated forms or notices.

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

### Auxiliary Aids

You have the right to request and the County has an obligation to provide auxiliary aids. (TDD) Large print forms/notices, Braille translation, etc) to assist with communications between you and your worker(s).

I need the following to help me to communicate with the County: \_\_\_\_\_

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

County Use Only: Check box to explain Interpreter/Translation/Auxiliary Aid Services Provided

- ☐ Certified Bilingual Worker Assigned
- ☐ Non—assigned case worker used as interpreter
- ☐ Language Line Interpreter used
- ☐ Client provided own interpreter
- ☐ Client told of possibility of misunderstanding when using own interpreter

- ☐ Forms provided in client's language
- ☐ English forms interpreted by bilingual workers
- ☐ English forms interpreted by non-assigned worker interpreter
- ☐ Non-certified bilingual worker

Client's Primary Language:

- |                                 |                                   |                                    |                                  |                                  |                                     |                                |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi      | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian  | <input type="checkbox"/> Russian   | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |                                |

## CSOC Preferencia de Idioma e Identificación para la Ayuda Auxiliar

Nombre del Caso: \_\_\_\_\_ Número del Caso: \_\_\_\_\_

### Derechos Sobre los Servicios del Idioma

Usted tiene el derecho a servicios gratuitos de interpretación con fines de hablar con el personal del Condado sobre su aplicación, beneficios, servicios disponibles u otros requisitos. Por favor díganos que idioma prefiere usted hablar.

\_\_\_\_\_ Yo hablo: \_\_\_\_\_ y necesito los servicios gratuitos de un intérprete.

\_\_\_\_\_ Yo hablo: \_\_\_\_\_ y estoy dispuesto a aceptar los servicios de un trabajador del Condado que no esté certificado pero tengo derecho a pedir en cualquier momento un intérprete gratuito que esté certificado.

\_\_\_\_\_ Yo prefiero hablar Inglés:

\_\_\_\_\_  
Firma del Cliente/Solicitante

\_\_\_\_\_  
Fecha

### En qué idioma prefiere su Correspondencia/Notificaciones

Usted tiene el derecho de recibir formas y avisos en su idioma natal si es que ellos han sido traducidos en su idioma por el Departamento de Servicios Sociales de California (CDSS). De otra manera, el Condado interpretará (le dirá lo que dicen) las formas/avisos. Por favor díganos en que idioma prefiere usted sus formas y avisos:

\_\_\_\_\_ Yo prefiero recibir las formas, avisos, y otra documentación que estén disponibles en: \_\_\_\_\_

\_\_\_\_\_ Yo prefiero recibir las formas, avisos en Inglés y no necesito las formas y notificaciones traducidas a mi idioma.

\_\_\_\_\_  
Firma del Cliente/Solicitante

\_\_\_\_\_  
Fecha

### Recursos Auxiliares

Usted tiene el derecho de solicitar y el Condado tiene la obligación de proporcionarle recursos auxiliares. (TDD) Formas y avisos con letra grande, traducción Braille, etc. para asistir la comunicación entre usted y su trabajador (es).

Necesito la siguiente ayuda para comunicarme con el Condado: \_\_\_\_\_

\_\_\_\_\_  
Firma del cliente/Solicitante

\_\_\_\_\_  
Fecha

### Para uso del Condado solamente:

Check box to explain Interpreter/Translation/Auxiliary Aid Services Provided

- ☐ Certified Bilingual Worker Assigned
- ☐ Non—assigned case worker used as interpreter
- ☐ Language Line Interpreter used
- ☐ Client provided own interpreter
- ☐ Client told of possibility of misunderstanding when using own interpreter

- ☐ Forms provided in client's language
- ☐ English forms interpreted by bilingual workers
- ☐ English forms interpreted by non-assigned worker interpreter
- ☐ Non-certified bilingual worker

### Client's Primary Language:

- |                                 |                                   |                                    |                                  |                                  |                                     |                                |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi      | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian  | <input type="checkbox"/> Russian   | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |                                |

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Attachment 1

## LANGUAGE PREFERENCE AND AUXILIARY AID IDENTIFICATION

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### Language Service Rights

You have the right to free interpreter services in order to speak to County staff about your application, benefits, available services or other requirements. Please tell us what language you prefer to speak.

\_\_\_\_\_ I speak: \_\_\_\_\_ and need free Interpreter Services.

\_\_\_\_\_ I prefer to speak English: \_\_\_\_\_

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

### Written Language Needs

You have the right to receive forms and notices in your native language if they have been translated into the language by the California Department of Social Services (CDSS). Otherwise, the County will interpret forms/notices (tell you what they say). Please tell us what language you prefer for forms and notices:

\_\_\_\_\_ I prefer to receive forms, notices, and other available documents translated into: \_\_\_\_\_

\_\_\_\_\_ I prefer to receive forms and notices in English and do not need translated forms or notices.

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

### Auxiliary Aids

You have the right to request and the County has an obligation to provide auxiliary aids. (TDD) Large print forms/notices, Braille translation, etc) to assist with communications between you and your worker(s).

I need the following to help me to communicate with the County: \_\_\_\_\_

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

County Use Only: Check box to explain Interpreter/Translation/Auxiliary Aid Services Provided

- ☐ Certified Bilingual Worker Assigned
- ☐ Non—assigned case worker used as interpreter
- ☐ Language Line Interpreter used
- ☐ Client provided own interpreter
- ☐ Client told of possibility of misunderstanding when using own interpreter

- ☐ Forms provided in client's language
- ☐ English forms interpreted by bilingual workers
- ☐ English forms interpreted by non-assigned worker interpreter

Client's Primary Language:

- |                                 |                                   |                                    |                                  |                                  |                                     |                                |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi      | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian  | <input type="checkbox"/> Russian   | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |                                |



## Preferencia de Idioma/Identificación de Servicios Auxiliares

Nombre del Caso: \_\_\_\_\_ Número del Caso: \_\_\_\_\_

### Derechos de Servicios del Idioma

Usted tiene el derecho a servicios gratuitos de interpretación con fines de hablar con el personal del Condado sobre su aplicación, beneficios, servicios disponibles u otros requisitos. Por favor díganos que idioma prefiere usted hablar.

\_\_\_\_\_ Yo hablo: \_\_\_\_\_ y necesito los servicios gratuitos de un intérprete.

\_\_\_\_\_ Yo prefiero hablar Inglés:

\_\_\_\_\_  
Firma del Cliente/Solicitante

\_\_\_\_\_  
Fecha

### En qué idioma prefiere su Correspondencia/Notificaciones

Usted tiene el derecho de recibir formas y avisos en su idioma natal si es que ellos han sido traducidos en su idioma por el Departamento de Servicios Sociales de California (CDSS). De otra manera, el Condado interpretará (le dirá lo que dicen) las formas/avisos. Por favor díganos en que idioma prefiere usted sus formas y avisos:

\_\_\_\_\_ Yo prefiero recibir las formas, avisos, y otra documentación que estén disponibles en: \_\_\_\_\_

\_\_\_\_\_ Yo prefiero recibir las formas, avisos en Inglés y no necesito las formas y notificaciones traducidas a mi idioma.

\_\_\_\_\_  
Firma del Cliente/Solicitante

\_\_\_\_\_  
Fecha

### Recursos Auxiliares

Usted tiene el derecho de solicitar y el Condado tiene la obligación de proporcionarle recursos auxiliares. (TDD) Formas y avisos con letra grande, traducción Braille, etc. para asistir la comunicación entre usted y su trabajador (es).

Necesito la siguiente ayuda para comunicarme con el Condado: \_\_\_\_\_

\_\_\_\_\_  
Firma del cliente/Solicitante

\_\_\_\_\_  
Fecha

### Para uso del Condado solamente:

Check box to explain Interpreter/Translation/Auxiliary Aid Services Provided

- ☐ Certified Bilingual Worker Assigned
- ☐ Non—assigned case worker used as interpreter
- ☐ Language Line Interpreter used
- ☐ Client provided own interpreter
- ☐ Client told of possibility of misunderstanding when using own interpreter

- ☐ Forms provided in client's language
- ☐ English forms interpreted by bilingual workers
- ☐ English forms interpreted by non-assigned worker interpreter
- ☐ Non-certified bilingual worker

### Client's Primary Language:

- |                                 |                                   |                                    |                                  |                                  |                                     |                                |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi      | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian  | <input type="checkbox"/> Russian   | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |                                |

ALL # (SP) 5/7/08

Attachment 2

**NOTICE OF UNDERSTANDING  
USE OF A SELF-PROVIDED INTERPRETER**

To: Placer County Health and Human Services

I, \_\_\_\_\_, residing at  
\_\_\_\_\_  
\_\_\_\_\_ hereby authorize  
\_\_\_\_\_ to act as my interpreter.

When I am transacting business with Placer County Health and Human Services (HHS)

- a. I understand that HHS will provide an interpreter to me free of charge.
- b. I understand that the interpreter provided by HHS meets state and federal requirements for competency and confidentiality.
- c. If I choose not to use the interpreter provided by HHS, I understand that during the course of my interactions with HHS the interpreter that I choose may become aware of information that I consider private or confidential.
- d. I understand that I use a self-provided interpreter at my own risk.
- e. I understand that HHS does not assume responsibility for, nor does it regulate or control what use a self-provided interpreter may make of the information divulged during the interpretation process.
- f. I understand that the County retains the right to solely provide a designated interpreter in the case of an investigation of fraud, child, elderly, or incapacitated adult abuse.
- g. I understand that the County may utilize it's own interpreter to ensure that the applicant/recipient/inquirer is receiving complete information and adequate interpretation of information provided by the County.

I certify that I have read or have read to me and understand the above prior to signing.

\_\_\_\_\_  
Signature of Applicant/ Recipient/Inquirer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Client's Primary Language:

- |                                 |                                   |                                    |                                  |                                  |                                     |                                |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi      | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian  | <input type="checkbox"/> Russian   | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |                                |

## Aviso de Entendimiento Para Usar un Intérprete Proporcionado por Mí Mismo

Para: El Departamento de Bienestar Social del Condado de Placer

Yo, \_\_\_\_\_, con residencia en  
\_\_\_\_\_ por este medio autorizo  
\_\_\_\_\_ para que actúe como mi interprete

Cuando yo transito un asunto con el Departamento de Bienestar Social del Condado de Placer (HHS)

- a. Entiendo que HHS me proporcionará un intérprete gratuito.
- b. Entiendo que el intérprete que HHS me proporcionará es competente, conoce las reglas confidenciales y reúne los requisitos estatales y federales.
- c. Si elijo no utilizar al intérprete proporcionado por HHS, entiendo que durante el curso de mis interacciones con HHS el intérprete que yo elija puede enterarse de información que yo considere confidencial y privada.
- d. Entiendo que elegir a un intérprete por mi cuenta puede ser un riesgo.
- e. Entiendo que HHS no asume responsabilidad, ni regula o controla lo que el intérprete elegido por mi cuenta haga con la información divulgada durante el proceso de interpretación.
- f. Entiendo que el Condado retiene el derecho de proporcionar únicamente a un intérprete designado en el caso de una investigación de fraude, niño, anciano, o del abuso de un adulto incapacitado.
- g. Entiendo que el Condado puede utilizar su propio intérprete para asegurarse que el cliente/solicitante/averiguador reciba la interpretación/información completa y adecuadamente proporcionada por el Condado.

Certifico que he leído o me han leído, y que entiendo la información mencionada anteriormente entre los puntos (a – g).

\_\_\_\_\_  
Firma del Cliente/Solicitante/Averiguador

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Esposo (a)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Testigo

\_\_\_\_\_  
Fecha

Idioma natal del Cliente:

- |                                 |                                   |                                    |                                  |                                  |                                     |                                |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> Farsi      | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian  | <input type="checkbox"/> Russian   | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |                                |

PLACER COUNTY HEALTH AND HUMAN SERVICES

DATE: 5/2/2008  
TO: BRENDA GREEN, CATE LYNDY, STEVE MARTINSON, SUSAN KIMBLEY  
CC: BOB DUNSTAN  
FROM: JANE CHRISTENSEN, CIVIL RIGHTS COORDINATOR  
RE: COMPLIANCE REVIEW CORRECTIVE ACTION

The Civil Rights Compliance Review response has been compiled and sent to the state. As part of our corrective action a reminder was to go out to all staff under this jurisdiction. Please share the following information with your management team and staff as appropriate.

Two new forms have been adopted for use when working with our clients who speak a language other than English. These two forms are the Language Preference and Auxiliary Aid Identification, and Notice of Understanding Use of a Self -Provided Interpreter. They are available in English, Spanish and Russian. Both these forms are mandatory, and can be found on the "T" drive under HHS Share/Civil Rights. If a client provides their own interpreter or we use a contracted interpreter, we must obtain a release of information ABCDM 228 in addition to these two forms. To review the necessary documentation and informing criteria more thoroughly, please refer to ACL 06-20.

Recently we received questions and answers via email from the Civil Rights Bureau. Please review these clarifications of ACIN 02-08 with your supervisors and their staff:

At Intake and Reverification/Reinvestigation/Recertification:

Q. Direct person-to-person contact: Have the client complete another language preference form if it has been more than one year since the last form was completed.

A. That's correct. A new form should be filled out. If the prior information has not changed, maybe they can just re-sign/initial the old form to show that nothing has changed and the case record documented to that effect. If the information has changed, then a new form is required.

Q. Telephone contact: If it has been more than one year since the last language preference form was completed, do we need to send the form to them via mail for completion or can our case workers indicate in the narrative the client's language preferences?

A. When the worker makes contact with the client, the worker can just document the fact that the client was asked if the prior information is still accurate. If it is, then the worker needs to document that fact. If it's not, a new form can be mailed to the client or the case flagged to show that a new form is needed at the next in-person contact. The new language preference information should still

5/2/2008

1

Attachment 4

PLACER COUNTY HEALTH AND HUMAN SERVICES: COMPLIANCE REVIEW CORRECTIVE ACTION

be documented so that it will be available for the next contact if a new form has not been received/obtained.

Q. No contact for more than a year. We do not need to specifically contact the client for language verification until there is some type of contact with the client in the normal course of business.

A. That's correct.

For questions regarding appropriating notices and how to find CDSS translated forms on line, please refer to ACIN I 09-06.

If you have any questions regarding this policy, do not hesitate to contact me, your manager, or supervisor.

Thanks,

Jane

JFC

ATTACHMENTS:

NOTICE OF UNDERSTANDING USE OF A SELF-PROVIDED INTERPRETER

LANGUAGE PREFERENCE AND AUXILIARY AID IDENTIFICATION

ABCDM 228

ACL 06-20

ACIN 09-06

EMAIL WITH CLARIFICATION PROVIDED BY CIVIL RIGHTS BUREAU

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



June 30, 2006

ALL COUNTY LETTER NO. 06-20

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CIVIL RIGHTS COORDINATORS

SUBJECT: INTERPRETIVE SERVICES

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

The purpose of this All-County Letter (ACL) is to remind counties of their continued obligation to comply with the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 21 regulations regarding the provision of effective language services to all applicants/recipients in their primary language. The provision of effective language services shall be prompt, without undue delay. These requirements apply regardless of whether the county provides an interpreter (qualified bilingual employees, paid interpreters, qualified employees of other agencies, or use of community resources) or the applicant/recipient chooses to provide his/her own interpreter.

Counties must comply with MPP Section 21-107 regarding the dissemination of information and ensure that applicants/recipients are advised of their right to free interpretive services. It is always the county's obligation to affirmatively offer interpretive services (Section 21-115.15). Once the county has been informed that the applicant/recipient needs an interpreter, the county must offer and provide an interpreter at each client contact. The county's obligation to provide interpretive services may be met using a variety of methods, which may include bilingual staff, county interpreters, and contracted interpreters (including language line).

Applicants/recipients may use their own interpreter, but must not be compelled or encouraged to do so (Section 21-115.16). Before applicants/recipients decide to use their own interpreter, the county is required to advise them at initial intake and at each redetermination of (1) the right to free interpretive services; (2) potential problems of using the client's own interpreter, including the possibility of ineffective communication, inaccurate interpretation, and the need to disclose private information to the interpreter; (3) the availability of county-provided interpretive services, whether or not a client chooses to provide his own interpreter; and (4) the right to accept county-provided interpretive services at any time, even when a client-provided interpreter is present.

If the applicant/recipient chooses to provide his or her own interpreter, but at any time informs the county that he or she wishes to utilize the county-provided interpreter, the county must provide free interpretive services, without undue delay. The county *shall not* conduct substantive, program-related conversations with the applicant/recipient until qualified interpretive services are available.

The county may allow a minor to temporarily act as interpreter only at the request of the applicant/recipient, or under other extenuating circumstances. The county must document the use of a minor and the reason(s) for it in the case record. Examples of extenuating circumstances warranting the temporary use of a minor as interpreter include, but are not limited to:

- The County Welfare Department (CWD) telephones or visits the applicant/recipient's home for initial contact and finds a non-English or limited-English speaking client, while a minor in the home speaks English. Under these circumstances, the CWD contact may use the minor as an interpreter only to determine the language of the client and to schedule a date and time to return with a county provided interpreter. When the matter is time sensitive, the county is encouraged to use a telephone interpreter.
- A non-English or limited-English speaking applicant/recipient enters the CWD with a minor child who speaks English and the county does not immediately have access to a county provided interpreter in the applicant/recipient's primary language. Under these circumstances, the minor may only be used as a temporary interpreter to schedule a date and time to return to the CWD when a county provided interpreter will be available. When the matter is time sensitive, the county is encouraged to use a telephone interpreter.
- When a CWD employee encounters a health and safety issue such as a car accident or crime scene, where immediate communication is imperative, a minor may be used temporarily until a qualified interpreter arrives at the scene or communicates with the applicant/recipient via telephone, cell phone, etc.

In all instances, the use of a minor as the applicant's/recipient's interpreter should be temporary, only until a county interpreter is made available.

In addition to providing free interpretive services, the county must document the following in the case record file for each contact with the applicant/recipient:

- The county offered free interpretive services;
- Who provided the interpretive services;

ALL COUNTY LETTER NO.  
Page Three

- The county informed the applicant/recipient of potential problems for ineffective communication when using the applicant's/recipient's own interpreter;
- The county offered county-provided interpretive services if the applicant/recipient provided interpreter is not available;
- A minor temporarily acting as an interpreter did so at the specific request of the applicant/recipient or there were other extenuating circumstances, with an explanation of those circumstances;
- The applicant/recipient signed a consent for the release of information when using his or her own interpreter;
- The county informed the applicant/recipient of his/her right to accept county-provided interpretive services at any time, even when a client provided interpreter is present. (Section 21-115.16; 116.22 through .24)

If you have any questions regarding this letter, you may contact the Civil Rights Bureau at (916) 654-2107, or toll free at 1-866-741-6241.

Sincerely,

***Original Document Signed By:***

TOM LEE  
Acting Deputy Director  
Human Rights and Community Services Division



**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



February 17, 2006

ALL-COUNTY INFORMATION NOTICE NO. I-09-06

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CIVIL RIGHTS COORDINATORS  
ALL CalWORKs PROGRAM SPECIALISTS

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

**SUBJECT:** USE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)  
TRANSLATED FORMS AND DOCUMENTATION OF SERVICES  
PROVIDED TO NON-ENGLISH/LIMITED-ENGLISH-SPEAKING  
APPLICANTS/RECIPIENTS AND DISABLED APPLICANTS/RECIPIENTS

**REFERENCE:** ALL COUNTY LETTER (ACL) 03-56

The purpose of this All-County Information Notice (ACIN) is to remind counties of their continued obligation to comply with CDSS regulations regarding provision of effective language services to all applicants/recipients in an individual's primary language. These requirements apply regardless of whether CDSS translated forms and notices are available through the counties' automated welfare eligibility systems, including but not limited to ISAWS, CalWIN, C-IV and LEADER. This ACIN also reminds counties of the requirement to document how services are provided for both non-English/limited-English-proficient, and disabled applicants/recipients.

1. Manual of Policies and Procedures (MPP) Section 21-115.2 states: "Forms and other written material required for the provision of aid or services shall be available and offered to the applicant/recipient in the *individual's primary language* when such forms and other written material are provided by CDSS" (emphasis added).

This means that if an individual has requested written communications in his or her primary language and CDSS has made a form or notice available to the counties in that language, then the county must provide the CDSS translation to the individual, even if the translation is not available through the county's automated welfare eligibility system.

Similarly, when a county receives approval from CDSS to use a "substitute permitted" form or notice and the county does not translate the substitute form into all the languages provided by CDSS, then the county must forgo the substitute form and provide the CDSS form in the individual's primary language. In addition, if a translated form contains spaces in which the county is to insert information that is unique to the applicant/recipient, the inserted information must be in the primary language of the applicant/recipient.

The requirement to provide CDSS translated forms must be met, either by automated or manual means. Counties must utilize a manual workaround if their automated welfare systems are not fully programmed to meet State and Federal requirements regarding the provision of translated written materials.

When a county discovers or is informed that notices or forms are being incorrectly issued by the automated welfare systems in English, rather than the applicant's/recipient's primary language, the county must utilize manual means to issue notices and forms until such time that the county can verify that their automated system is issuing notices and forms in the appropriate language.

Counties are reminded that they must also use CDSS translated applications at outreach offices and when an applicant requests a mail-in application.

The CDSS translated forms may be obtained through Internet access by going to [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm); translated forms should also be easily available to staff, either online or physically stocked at each facility. As new and revised translated forms and publications are posted on a monthly basis, counties should remind staff to check the above stated website on a regular basis for the newest list of forms and publications.

2. Manual of Policies and Procedures Section 21-201.211 states that counties are required to have the applicant/recipient self-declare his/her primary language. For purposes of provision of language services, "primary language" means the applicant's/recipient's preferred language for oral and written communication. Applicants/recipients may prefer a different language for oral and written communications.

Manual of Policies and Procedures Section 21-116 requires the applicant's/recipient's preferred language to be documented. This documentation is required in every case file, such as eligibility, welfare-to-work, and services, whether the case file is paper or automated, so that workers are aware of the language preference(s) and can provide effective language services.

Once the preferred language(s) for oral and written communications are known, the county is then required to document the following information or actions regarding language services in an applicant's/recipient's files:

- a. Applicant's/recipient's acceptance or refusal of written material available in his/her preferred language.
- b. How bilingual services are provided. If, for example, a bilingual staff person is used as an interpreter, it must be documented in the file for each occurrence when such interpretation was provided. If an interpreter other than a bilingual staff person is used, this must also be documented. Once the applicant/recipient has requested oral and written communications in a non-English language, the request also applies to subsequent communications as required under MPP Sections 21-115.1 (bilingual staffing and interpretive services) and 21-115.2 (written translations).
- c. Temporary use of a minor as an interpreter, and the extenuating circumstances requiring temporary use of the minor.
- d. That the county informed an applicant/recipient providing his or her own interpreter of potential problems for ineffective communication caused by using his or her own interpreter.
- e. Applicant's/recipient's consent to the release of information to the interpreter if the county used an interpreter other than a county employee or the applicant/recipient provided his or her own interpreter for oral communications with the county.

This documentation is reviewed when the CDSS Civil Rights Bureau conducts mandatory compliance reviews in each county. In addition, if an applicant/recipient later states that he or she did not receive appropriate language services, this documentation provides evidence that language services were provided in the applicant's/recipient's preferred language for oral communication and, if available, written communication, as required by Division 21.

3. Manual of Policies and Procedures Section 21-116.3 states: "Upon obtaining information that identifies an applicant/recipient as disabled, each County Welfare Department (CWD) shall ensure that the case record is also documented. The CWD shall document, in writing, an applicant's/recipient's request for auxiliary aids and services." Counties must have documentation that auxiliary aids and services were provided to a disabled applicant/recipient when requested, and this documentation must be easily accessed by the worker and by CDSS staff conducting Civil Rights compliance reviews.

This ACIN does not address all of the counties' obligations to provide effective services to non-English/limited-English-proficient and disabled applicants/recipients. Counties are encouraged to review Division 21 and their Annual Civil Rights plan to ensure that they are in compliance with all the provisions.

If you have questions about translated forms, notices, or materials, you may contact CDSS Language Services, at (916) 651-8876, or access the Language Services web page at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). If you have questions regarding this letter, you may contact the CDSS Civil Rights Bureau, at (916) 654-2107 or via email at [crb@dss.ca.gov](mailto:crb@dss.ca.gov).

Sincerely,

***Original Document Signed By***

TOM LEE  
Acting Deputy Director  
Human Rights and Community Services Division

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



January 22, 2008

ALL COUNTY INFORMATION NOTICE NO. I-02-08

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CIVIL RIGHTS COORDINATORS

SUBJECT: DOCUMENTATION OF INTERPRETIVE SERVICES AT EVERY POINT OF CONTACT

REFERENCE: ALL COUNTY INFORMATION NOTICE I-09-06  
ALL COUNTY LETTER 03-56  
ALL COUNTY LETTER 06-20

The purpose of this All County Information Notice (ACIN) is to remind counties of their continued obligation to document that interpretive services were provided and/or offered at each client contact. The documentation should record that interpretive services are offered or rendered, the nature of that service, and the name of the person who provided interpretive services.

Pursuant to Manual of Policies and Procedures (MPP) Division 21-116.2, counties are required to ask clients their preferred language for oral and written communication and document their preferred language(s) in the client's file. All County Letter (ACL) 06-20 states that "once the county has been informed that the applicant/recipient needs an interpreter, the county must offer and provide an interpreter at each client contact." The county must document in the client's case file that they offered free interpretive services, if the client accepted or refused interpretive services, who provided the interpretive services, and in what language the interaction was conducted.

Every time the assigned caseworker, and/or other county staff are used as an interpreter, it must be documented in the case file for each occurrence. This also includes receptionists and/or clerical support staff if they, too, are providing clients who are non-English-speaking with information or screening applications.

When interpretive services are needed to communicate with a limited English proficiency client or a disabled client or family member by any public contact staff person, the following documentation is required in the case file:

| When documentation is required       | Documentation required   |
|--------------------------------------|--|
| Intake and reverification, or yearly | Preferred language for verbal communication.<br>Division 21-115.2  |
| Intake and reverification, or yearly | Preferred language for written communication.<br>Division 21-115.2   |
| Intake and reverification, or yearly | Acceptance or refusal of forms in client's primary language (name of person and type of interpretive services provided).<br>Division 21-116.21   |
| Each and every contact               | Narrative should indicate who provided interpretive service (ie., assigned bilingual worker, other bilingual worker, volunteer interpreter, contracted interpreter, telephone interpreter, client provided interpreter, etc.).<br>Division 21-116.22 |
| Each and every contact               | Narrative should indicate language in which conversation was conducted.<br>Division 21-116.22  |
| Each occurrence                      | Narrative should indicate use of minor under 18 and description of extenuating circumstance.<br>Division 21-115.16   |
| Each occurrence                      | If client provided interpreter is used, narrative should record warning of possible ineffective communication.<br>Division 21-116.23   |
| Each occurrence                      | If client provided interpreter is used, narrative should indicate consent for release of information form was signed by applicant/recipient.<br>Division 21-116.24   |

If you have any questions regarding this letter, you may contact your Civil Rights Bureau Consultant at (916) 654-2107, or toll free at 1-866-741-6241.

Sincerely,

***Original Document Signed By:***

TOM LEE  
Deputy Director  
Human Rights and Community Services  
Division

**Jane Christensen**

**From:** Cervantes, Daniel@DSS [Daniel.Cervantes@DSS.ca.gov]  
**Sent:** Friday, February 15, 2008 12:40 PM  
**To:** AlmaCalvelo@dpss.lacounty.gov; Gorman, Colleen; Logsdon, Terre;  
KRodriguez@hsa.co.merced.ca.us; trichmond@co.napa.ca.us; Jane Christensen; Shefchik,  
Denise; Sangalang, Melissa; daiello@co.slo.ca.us; Joyce A. Germain;  
turnerj@mail.co.stanislaus.ca.us; Elisa Rivas  
**Subject:** FW: FW: ACIN I-02-08 Question  
**Importance:** High

Hello Everyone...

This has been a someone confusing topic from county to county. To clear up some of the confusion, here is an e mail exchange between a CRC and the Civil Rights Bureau Chief, Ramon Lopez. I have inserted dashes that separate the e mails .

Please e mail me and/or call me if you have any other questions.

Thanks and have a great weekend!

Daniel Cervantes

**Sent:** Friday, February 15, 2008 11:16 AM  
**To:** Lopez, Ramon@DSS  
**Subject:** RE: FW: ACIN I-02-08 Question

Thank you so much! I'll pass along the information for our Managers' review.

I appreciate the clarification.

Thanks,

---

"Lopez, Ramon@DSS" <Ramon.Lopez@dss.ca.gov>

02/15/2008 11:14 AM

Good morning,

Please see my responses below. I hope I didn't confuse the issue. I want this to be as easy a process as possible for both the clients and the workers. Let me know if you have any further questions.

5/2/2008

Ramón

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**Sent:** Friday, February 15, 2008 10:52 AM  
**To:** Lopez, Ramon@DSS  
**Subject:** Re: FW: ACIN I-02-08 Question

Thanks Ramón!

Just to make sure I'm understanding, other than at intake and reverification:

- **Direct person-to-person contact:** Have the client complete another language preference form if it has been more than one year since the last form was completed. That's correct. A new form should be filled out. If the prior information has not changed, maybe they can just re-sign/initial the old form to show that nothing has changed and the case record documented to that effect. If the information has changed, then a new form is required.
- **Telephone contact:** If it has been more than one year since the last language preference form was completed, do we need to send the form to them via mail for completion or can our case workers indicate in the narrative the client's language preferences? When the worker makes contact with the client, the worker can just document the fact that the client was asked if the prior information is still accurate. If it is, then the worker needs to document that fact. If it's not, a new form can be mailed to the client or the case flagged to show that a new form is needed at the next in-person contact. The new language preference information should still be documented so that it will be available for the next contact if a new form has not been received/obtained.
- **No contact for more than a year:** We do not need to specifically contact the client for language verification until there is some type of contact with the client in the normal course of business. That's correct.

Once I hear back from you, I'll pass along the information to the Managers and let you know if they have any further follow-up questions.

Thanks for your help,

---

"Lopez, Ramon@DSS" <Ramon.Lopez@dss.ca.gov>

02/14/2008 04:37 PM

Hello,

In response to your question to Jim, as far as I know, all programs have an initial intake process and a recertification process (monthly, quarterly, semi-annually, or annually). The required documentation should be obtained or updated at that time. The "rule" regarding frequency is therefore based on the specific intake/recertification requirements of the program(s) serving the client.

5/2/2008



However, in cases where there are no such requirements for a specific program, the language preference form (and any related materials) should be reviewed/updated at least yearly. We have found instances where the client's language preference has changed over time and that fact was not noted anywhere. While this is not written down anywhere, it comes under the general scope and intent of Division 21, namely that documentation identifying the client's primary language be included in the case file/record and that the information be timely/accurate. I don't see how a county can show that the client's language reference information is accurate if it is not reviewed/documented periodically. I don't think at a yearly review, absent any other review, is unreasonable.

I hope this answers your questions regarding this. Please let me know if you disagree with my interpretation, have additional questions regarding this issue, or have other comments.

Thank you for your inquiry.  
Ramón

Ramón S. Lopez, Chief  
Civil Rights Bureau  
Human Rights and Community Services Division  
California Department of Social Services  
(916) 654-2105  
[ramon.lopez@dss.ca.gov](mailto:ramon.lopez@dss.ca.gov)

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**Sent:** Wednesday, February 13, 2008 10:27 AM  
**Subject:** ACIN I-02-08 Question

Hi -

I'm reviewing ACIN I-02-08 (Documentation of interpretive Services at Every Point of Contact). Page two of that ACIN shows "When documentation is required" and it lists the first three items as being needed at "Intake and reverification, or yearly". I've got the reference for requiring these items at "Intake and reverification", but I can't find a reference for requiring them "yearly". I'm probably missing a previous ACL/ACIN (or something horribly obvious), but can you let me know the rule where the "yearly" comes from?

Thanks so much,

5/2/2008

| Check here if correct ✓  | or here if an Error ✓    | Review Category             | Case Name:<br>Worker:<br>Review Description:  | Comments, (or N/A) |
|--------------------------|--------------------------|-----------------------------|---|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Overpayment/ Overissuances: | <ul style="list-style-type: none"> <li>• ACAR packet correct and (sent timely)</li> </ul>                                   |                    |
| <input type="checkbox"/> | <input type="checkbox"/> |                             | <ul style="list-style-type: none"> <li>• Administrative errors identified timely and OP correct.</li> </ul>                 |                    |
| <input type="checkbox"/> | <input type="checkbox"/> |                             | <ul style="list-style-type: none"> <li>• Client error OP identified timely and correct.</li> </ul>                          |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | IEVS                        | All IEVs reports reviewed and processed:  |                    |
| <input type="checkbox"/> | <input type="checkbox"/> |                             | <input checked="" type="checkbox"/> Applicant IEVs  |                    |
| <input type="checkbox"/> | <input type="checkbox"/> |                             | <input type="checkbox"/> PVS  |                    |
| <input type="checkbox"/> | <input type="checkbox"/> |                             | <input type="checkbox"/> New Hire and Prisoner Matches  |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Alerts (meds/CalWIN)        | Alerts reviewed and processed: IEVs, CalWIN, MEDs, etc.   |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | NOAs                        | <ul style="list-style-type: none"> <li>• No outstanding NOAs in print queue</li> <li>• NOA is correct and timely</li> </ul> |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Income                      | Income averaged / calculated correctly – verified.  |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Forms/Case comments         | <ul style="list-style-type: none"> <li>• County use only sections and</li> <li>• Case comments complete</li> </ul>          |                    |

Attachment 5

|                          |                          |                        |  |  |
|--------------------------|--------------------------|------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Shelter/ and SUALUATUA | Verified and amount used is correct.                                 |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Unborn                 | Unborn screen updated  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Civil rights CA:       | Interpreter/translator documented and primary language form in case. |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other errors found:    |  |  |

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_  
Case Number/SSN: \_\_\_\_\_  
CSC: \_\_\_\_\_  
Date of Review: \_\_\_\_\_

☐ N/A  
☐ Missing  
☒ Complete  
☒ Incomplete

### Case Review Checklist

#### Physical Case:

- ☐ Pre CalWIN Case Comments
- ☐ Interpreter/Language Forms
- ☐ Filing
- ☐ SIP
- ☐ WTW2-Activity Agreements
- ☐ Assessment
- ☐ WTW Plan
- ☐ NONC/Sanction
- ☐ NOAs
- ☐ P2 – Child Care Plans
- ☐ Referrals / Notifications
- ☐ ICT
- ☐ Learning Disability Screening
- ☐ P224's and Verification
- ☐ COL, Registration, Income
- ☐ TANF TOA/TRAC Prints, ALL1355
- ☐ OTHER:

COMMENTS: \_\_\_\_\_

#### CalWIN Entries

- ☐ Registration
- ☐ Alerts
- ☐ Attendance
- ☐ Activities
- ☐ WTW Plan
- ☐ NONC/Sanction
- ☐ Support Services
- ☐ Case Comments
- ☐ OTHER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Case Consistency

- ☐ Are supportive Services Consistent with Client Activities? ☐ YES ☐ NO
- ☐ Narration Reflects Case Activity? ☐ YES ☐ NO
- ☐ Are Activity Agreements / Plans Consistent with CalWIN Activities Entries? ☐ YES ☐ NO
- ☐ Others: \_\_\_\_\_

Corrective Action Needed: \_\_\_\_\_